## CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

FAIR POLITICAL
PRACTICES COMMISSION FEB 2.5 2011

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Please type or print in ink.	City Clorks Off
NAME OF FILER (LAST)	(FIRST) CITY CIC (MIDELE) THICE
SALAZAR	MICHAEL E.
1. Office, Agency, or Court	
Agency Name	
SAN BRUNO CITY COUNCIL / COUNCILMEME	BER
Division, Board, Department, District, if applicable	Your Position
▶ If filing for multiple positions, list below or on an attachment.	,
Agency: San Bruno Redevelopment Agency/Public Fin.	Aut Position: Agency Member / Board Member
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge (Statewide Jurisdiction)
Multi-County	County of
☑ City of San Bruno	
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2010, through Decemb 2010.	per 31, Leaving Office: Date Left/(Check one)
The period covered is/, through December 2010.	er 31, O The period covered is January 1, 2010, through the date of leaving office.
Assuming Office: Date/	O The period covered is/, through the date of leaving office.
Candidate: Election Year Office sought,	if different than Part 1:
4. Schedule Summary	
Check applicable schedules or "None."	► Total number of pages including this cover page:3
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-  None - No reportable	interests on any schedule
herein and in any attached schedules is true and complete. I acknowle	edae this is
I certify under penalty of perjury under the laws of the State of Ca	
Date Signed Feb. 10, 2011 (month, day, year)	Signatu

## SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Michael Salazar	

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
EMC Corporation	FusionStorm
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
176 South Street, Hopkinton, MA 01748	2 Bryant Street, Suite 150, San Fancisco, CA 94105
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Information Technology	Information Technology
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Employee	Employee
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
□ \$500 - \$1,000 <del>□ \$1,001 - \$10,000</del>	\$500 - \$1,000
X \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
	Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	Sale of(Property, car, boat, etc.)
(Property, car, boat, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
•	
Other (Describe)	Other(Describe)
J	l
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD
	lending institutions, or any indebtedness created as part
of a retail installment or credit card transaction, made	
not in a lender's regular course of business must be	your official status. Personal loans and loans received
The till a lender's regular course of business must be	disclosed as follows.
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
SUBJUSTICA ACTUATIVATE ANY OF LEMBER	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
·	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
<u></u> \$500 - \$1,000 <u> </u>	City
\$1,001 - \$10,000	Guarantor
S10,001 - \$100,000	<del>_</del>
OVER \$100,000	Other
	(Describe)
	(Describe)
Comments:	(Describe)

## SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Michael Salazar

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
University of California, San Francisco	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3333 California ., Ste 305, San Francisco, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical Research	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Employee (Spouse)	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \tag{51,001 - \$10,000}	\$500 - \$1,000 \$1,001 - \$10,000
▼ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	☐ Loan repayment ☐ Partnership
Sale of	Sale of
(Property, car, boat, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
(Doubled)	(2000)
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD
of a retail installment or credit card transaction, made	your official status. Personal loans and loans received
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
S500 - \$1,000	City
S1,001 - \$10,000	_
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	Other(Describe)
Comments:	
vonnients.	